



HEALTH PROGRAMS EXIT FORM

NOTE: This form is for students who are changing out of a health program.
To apply for a health program, please fill out the online application at grcc.edu/healthprograms.

I, _____, wish to remove my name from the health program designated below.
(name)

Student ID #: _____ Phone#: _____ Email address: _____

Current Health program:

- | | |
|-----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Associate Degree Nursing | <input type="checkbox"/> Dental Hygiene |
| <input type="checkbox"/> Advanced Standing Assoc Degree Nursing | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Licensed Practical Nursing Certificate | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> Dental Assisting | |

*Signature (required): _____ Date: _____

PLEASE RETURN THIS FORM TO HEALTH ADMISSIONS COORDINATOR VIA SCAN AND EMAIL (healthprograms@grcc.edu), FAX (616.234.4317), BY MAIL (HEALTH ADMISSIONS OFFICE, 143 BOSTWICK NE, GRAND RAPIDS MI 49503) OR IN PERSON AT 600 COLLEGE PARK PLAZA.